BIG FIVE COMMUNITY SERVICES, INC
ADMINISTRATIVE LEAVE REQUEST

Administrative Leave MUST be approved by the Executive Director and Program Director prior to time of payroll processing. If this type of leave is not approved the employees General Purpose, Annual or Leave Without Pay will be charged.

_____ _____

Name (Print or type) Program/Location

_____ **ADMINISTRATIVE LEAVE -** Not charged against any other leave. Must be approved by the Executive Director. If for death of a family member length will be determined by relationship, distance to travel and legal responsibility, list relationship and location:

_____

Big Five Policy 303 - Employee Benefits: Immediate family is defined as: spouse, children, parents, grandparents, grandchildren, brothers and sisters, domestic partner, in-laws, and step relationships of the same degree.

DATE AND TIME REQUESTED From: _____ To: _____

Date Hour Date Hour

_____

Total Hours Requested

_____ _____

Employee's Signature Date

_____ **APPROVED**

_____ **DISAPPROVED**

_____ _____

Program Director's Signature Date

_____ _____

Executive Director's Signature Date

BF 021 VRQ (REV 02/17)